

<i>SERFF Tracking Number:</i>	<i>AEGJ-126138079</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42446</i>
<i>Company Tracking Number:</i>	<i>LTC AEG BI RC</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC AEG BI RC</i>		
<i>Project Name/Number:</i>	<i>LTC AEG BI RC/LTC AEG BI RC</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: LTC AEG BI RC	SERFF Tr Num: AEGJ-126138079	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 42446
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LTC AEG BI RC	State Status: Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Marie Bennett
	Authors: Pamm Davis, Joan Shumaker	Disposition Date: 05/29/2009
	Date Submitted: 05/18/2009	Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: LTC AEG BI RC	Status of Filing in Domicile: Not Filed
Project Number: LTC AEG BI RC	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Advertising filing not required in domicile state (Iowa).
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/29/2009	Explanation for Other Group Market Type:
	State Status Changed: 05/29/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	
Please see Cover Letter and Variables documents in Supporting Documentation tab.	

Company and Contact

Filing Contact Information

Pamm Davis, Advertising Analyst Trainee pamdavis@aegonusa.com

SERFF Tracking Number:	AEGJ-126138079	State:	Arkansas
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Company Tracking Number:	LTC AEG BI RC		
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P.O. Box 93007	(800) 553-7600 [Phone]
Bedford, TX 76053-3007	(817) 285-3394[FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
P O Box 93005	Group Code: 468	Company Type:
Hurst, TX 76053-3005	Group Name:	State ID Number:
(800) 553-7600 ext. [Phone]	FEIN Number: 39-0989781	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	2 Advertisements X \$25 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	05/18/2009	27951249

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	05/29/2009	05/29/2009

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Disposition

Disposition Date: 05/29/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AEGJ-126138079	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	Variables		Yes
Form	Brochure Insert		Yes
Form	Return Card		Yes

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Form Schedule

Lead Form Number: LTC AEG BI RC

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LTC AEG BI 0509	Advertising Brochure Insert	Initial			LTC AEG BI 0509 Brochure Plan Insert.pdf
	LTC AEG RC 0609	Advertising Return Card	Initial			LTC AEG RC 0609.pdf

[TransCare Options[®]]

A Long Term Care insurance program designed

For [Employees/members/Cardmembers] of

[ABC Company]

	<i>[Your Plan, Plan A]</i>	<i>[Plan B]</i>	<i>[Plan C]</i>
Maximum Benefit	[\$XXXXX/unlimited]	[\$_____]	[\$_____]
Maximum Daily Benefit (MDB)	[\$40-400]	\$[100]	\$[200]
Elimination Period	[0, 30, 60, 90, 180 day]	[90]-day	[30]-day
Benefit Increase Option (BIO)¹	[Deferred BIO/3% CBIO/5% CBIO]	[3% Compound BIO]	[5% Compound BIO]
Additional Benefit[s]²	Nonforfeiture Shortened Benefit Period Option, [5% CBIO] [Return of Premium]	Nonforfeiture Shortened Benefit Period Option[, Return of Premium]	Nonforfeiture Shortened Benefit Period Option [, Return of Premium]

INDIVIDUAL LONG TERM CARE INSURANCE

Exclusions and Limitations apply. See the attached brochure or outline of coverage for complete details or contact the company at [(800) 475-5986].

¹Deferred Benefit Increase Option will automatically be included if no CBIO is chosen. There is an additional premium for any Compound Benefit Increase Option (CBIO). 5% CBIO must be rejected before any other BIO is purchased.

²There is an additional premium for any additional benefit chosen.

[TransCare Options[®]] is underwritten by Transamerica Life Insurance Company.



A Word About Premium Rates

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. We cannot single you out for a premium increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your Policy as long as you pay your premium on a timely basis.

See the accompanying Outline of Coverage for details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination. Capitalized terms in this brochure are defined in the Policy.

The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, nor accounting advice. Please consult your tax advisor for assistance. The Schedule Page of your Policy will reflect your actual premium. It may differ from the amount on your application. This may occur as the result of any applicable discounts, and will be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.

Policy TLC 1-FP 1001 or TLC 1-FP 402 (In OH, TLC 1-FP (OH- FR) 409; in OK, TLC 1-FP (OK) 1001).

individual long term care insurance

Voluntary Insurance Products Enrollment 2009

****PLEASE CHECK ALL BOXES THAT APPLY****

- ☐ I would like more information about [TransCare Options®] Long Term Care Insurance Policy.
- ☐ No, I am not interested in learning more about these voluntary insurance products.
I have been informed about the voluntary insurance products and services and elect not to participate.

NAME

DEPARTMENT

CELL PHONE

WORK PHONE

BEST TIME TO BE CONTACTED



Underwritten by **Transamerica Life Insurance Company**

LTC AEG RC 0609

Exclusions and Limitations Apply. See your agent for details.
An Insurance agent will contact you.

<i>SERFF Tracking Number:</i>	<i>AEGJ-126138079</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

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Supporting Document Schedules

	Review Status:	
Satisfied -Name: Cover Letter		05/18/2009
Comments:		
Attachment:		
AR AEG BR filing ltr.pdf		

	Review Status:	
Satisfied -Name: Variables		05/18/2009
Comments:		
Attachment:		
AR BI 0509 Variables.pdf		



Home Office: Cedar Rapids, Iowa
Long Term Care Division
P O Box 95302
Hurst, Texas 76053-5302
817-285-3530
pamdavis@aegonusa.com

May 18, 2009

Commissioner Julie Benafield Bowman
1200 West Third Street
Little Rock, AR 72201

RE:	Long Term Care Advertising	
NAIC #:	86231	
FEIN #:	39-0989781	
Form # / Description:	LTC AEG BI 0509	Brochure Insert Invitation to Contract
	LTC AEG RC 0609	Return Card Invitation to Inquire

Dear Commissioner Bowman:

Enclosed are the referenced forms submitted for your review and approval.

Form LTC AEG BI 0509 is intended to replace LTC AEG BI 0309, approved by your department on May 11, 2009. Form LTC AEG BI 0509 will be used with brochure form LTC AEG BR 0309, approved by your department on May 11, 2009 (SERFF Filing AEGJ-126133247).

Form LTC AEG RC 0609 is intended to replace form LTC AEG RC 0409, approved by your department on May 13, 2009 (SERFF Filing AEGJ-126138412).

Please note that neither of the previously approved forms were printed nor used in Arkansas.

These forms will be used to solicit policy form TLC 1-FP (AR) 206 et al., which was approved by your department on May 30, 2006.

It is our intention to use these forms in both paper and electronic form. Bracketed information is intended to be variable. Please see the attached Variables document.

We trust that these forms will meet with your approval. If you have any questions, please contact me at 800-553-7600, x3530, or pamdavis@aegonusa.com.

Sincerely,

A handwritten signature in cursive script that reads "Pamm Davis".

Pamm Davis
Advertising Analyst Trainee
Long Term Care Division

LTC AEG BI 0509 & LTC AEG RC 0609 VARIABLES

LTC AEG BI 0509

Cover Page:

The *Product Name* is variable in the header and footer of this page, depending upon the employer or association group it is being used for. The variables could be:

- Transitions by Transamerica
- SecurePath LTCi
- TransCare Options
- TransCare

For “*Employees*”, will be Employee, Member or Cardmembers to which the offer is being made.

“*ABC Company*” will always be the Employer/Association Name.

Plan A shows all of the variables. Plans B & C only show if alternative quotes are requested.

“Additional Benefit” will always show with Nonforfeiture Shortened Benefit Period Option (NSBO). “Additional Benefits” will show if both *NSBO and Return of Premium* are being offered. The corresponding footnote #2 will print, depending upon the offer.

The *Phone number* is variable because each employer/association is assigned a unique phone number for employees/members and their families to call a licensed agent/producer.

LTC AEG RC 0609

The *Product Name* is variable, depending upon the employer or association group it is being used for. The variables could be:

- Transitions by Transamerica
- SecurePath LTCi
- TransCare Options
- TransCare